DOCUMENT RESUME

ED 135 137 EC 092 965

AUTHOR Younes, Robert P.; Webb, Gertrude
TITLE Initial Computer Analysis: 201 Children with Learning Disabilities.
PUB DATE Aug 76
NOTE 64p.; Paper presented at the International Scientific Conference of IFLD (3rd, Montreal, Canada, August 9-13, 1976)

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS Age Differences; Educational Research; Elementary Secondary Education; Family Problems; *Learning Disabilities; *Performance Factors; *Racial Differences; Sex Differences

ABSTRACT

Presented are findings from a computer analysis of 434 variables (including educational, social, medical, neurological and psychometric factors) of 201 5- to 19-year-old learning disabled (LD) children referred to a community hospital diagnostic program. It is explained that the variables were analyzed according to race, sex, and age. Among findings reported are that Black families had more familial disruption and less educational attainment, and Black children had more behavior problems, lower verbal ability, reading comprehension, auditory comprehension, and speech speed. Findings are further said to reveal more illness, alchoholism, and hospitalization for White families, with White children registering more speech muscle incoordination, motor immaturity, distractibility and coordination problems. Three conclusions are presented: that racial differences exist, that younger children exhibit greater neurological immaturity in all functioning areas, and that familial and social disruption exert a significant negative affect on children's school performance. (CL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED135137

INITIAL COMPUTER ANALYSIS

201 CHILDREN

CARNEY HOSPITAL - CURRY COLLEGE

766 CORE EVALUATION TEAM

Presented to:

The International Federation for
Children with Learning Disabilities

Montreal, Canada

August 11, 1976

Robert P. Younes, M. D.
Carney Hospital
2100 Dorchester Avenue
Boston, Massachusetts 02124

Gertrude Webb, Ed.D.
Curry College
Milton, Massachusetts 02186

EC092965

An analysis of a learning disabilities program undertaken by a community hospital will be described. Chapter 766 of the Massachusetts General Laws requires that a comprehensive evaluation be done on all school children with special needs. The evaluation includes educational, social, medical/neurological, and psychometric assessments.

The Carney Hospital, a community hospital in Boston, established a relationship with three surrounding school districts. Referrals for diagnostic evaluations were made to the hospital evaluation team. The schools were asked to send to the hospital's diagnostic team only those children with the most severe learning problems. After the assessments were completed, a meeting was held with all those who performed the assessments along with parents, teachers and administrators. The data was reviewed and a decision was made regarding the child's educational prescription. Follow up evaluation was accomplished using a questionnaire administered by telephone to the parent and chairperson of the evaluation team. The data for the initial 201 children was coded and analyzed by computer. The following represents a summary and partial analysis of the 434 variables.

Slide 1: Eighty percent of the children were referred from eighteen schools.

In addition (Slide 2), the children were referred from neighborhoods surrounding the hospital.

Slide 3: Seventy-six percent of the children were males.

Slide 4: Approximately 75% of the children referred were in the primary school age range and a statistically significant finding was that the white students tended to be younger when referred than black students.

Slide 5: Forty-six percent of the students were white and 51% of the students were black. Spanish and other ethnic groups were not represented

in great numbers. The referral pattern reflected the racial composition of the referring schools.

Slide 6: Approximately 60% of the children were covered by a Medicaid contract. Evaluation of the remaining children was financed by a Boston Public School System contract. Statistically significant was the fact that a greater proportion of white students had private insurance whereas black students had Medicaid and Boston Public School System coverage for the evaluation.

Slide 7: A statistically significant relationship was found regarding the parenting aspects of the children evaluated. Twice as many white students lived with both biological parents. Twice as many black students lived with single parents, foster parents, and grandparents. (The excellent study by Wallerstein and Kelley recently published in the Journal of Orthopsychiatry regarding the negative effects of parental separation on children brings home the point that turmoil in the home has its effects on children's school performance.) Fifty-four percent of the children were not living with both biological parents and a majority of these children were black.

Slide 8: The educational status of the father was assessed. The vast majority of fathers completed high school. There were no racial differences in the father's educational status.

Slide 9: The educational status of mothers was investigated. A statistically significant relationship was found between race and education in this group. A greater proportion of black mothers did not complete high school. In contrast, a greater proportion of white mothers completed high school and/or college.

Slide 10: Father's employment record was assessed. Seventeen percent of the fathers were unemployed. Fifty percent of the fathers were unskilled or blue collar workers. There were no racial differences statistically.

Slide 11: Fifteen percent of parents viewed the family's major problem as being financial. Housing, criminal and mental problems were less of a concern.

Slide 12: Twenty-six percent of families have had involvement with social service agencies. Mental health and multiple agency involvement occurred in 11% of families.

Slide 13: Alcohol abuse and medical problems afflicted 61% of fathers. Statistically significant was the fact that incidence of alcohol abuse was four times greater among white fathers than among black fathers.

Slide 14: With regard to mother's problems, statistically significant is the fact that black mothers had a greater number of school problems than white mothers. Otherwise, the distribution of problems was equally present among both black and white mothers.

Slide 15: Sibling problems were equally distributed among both races. Interestingly, all eleven siblings with medical problems were white. Twenty-six percent of families had other children with school problems. This category of sibling problem represented 68% of all the sibling problems.

Slide 16: Fifty-three percent of the parents felt that the child's problems were mainly scholastic. Twenty-six percent felt that teacher and peer relations were disturbed and 22% of parents felt that family milieu was disturbed.

Slide 17: The types of general behavior problems found in the children referred to us were analyzed. A large number of children had multiple behavior difficulties. There are statistically significant differences between white and black children and male and female children. Twice as many black children as white children had the characteristic noted; i.e., short attention span, inconsistent behavior, overactive behavior, and aggressive

behavior. Males, more than females, did not work up to potential and more males were distractible than females. Older children were able to tolerate time pressures better than younger children.

Slide 18: When social relationships were investigated, twice as many blacks had difficulty working in group situations and males more than females tended to have difficulty working in groups.

Slide 19: When auditory and spoken language skills were analyzed, multiple statistically significant interrelationships were found among the characteristics. Multiple correlations were found between spoken and auditory language skills and a family or personal history of allergic phenomena such as eczema, asthma, nasal congestion, hay fever and mouth-breathing. When children were divided according to race, twice as many black children had characteristics such as hearing "slow", not understanding the meaning of what is heard, and being unable to understand and carry out spoken directions. When the children were divided according to sex, more males than females had difficulty calling up specific words. When the children were grouped according to age, twice as many children ten years or younger had difficulty (1) speaking in complete sentences; (2) memorizing a series of numbers, letters and words; (3) calling up specific words; (4) blending sounds together; (5) memorizing tunes, rhythms and poetry; (6) screening out unimportant sounds; and (6) with incorrect tense changes when speaking in spontaneous conversation.

Slide 20: When investigating visual skills, it was found that at least 70% of all children ten years or younger had (1) difficulty copying written material; (2) confused words, letters and numbers with similar configurations; (3) difficulty remembering the sequence of letters in non-phonetic words; (4) reversed letters, numbers and forms; and (5) failed to differentiate different forms of the same letter or word.

Slide 21: Motor abilities were also investigated. A significant relationship was found when the children were divided according to race. Whites had more difficulty than blacks in performing in a physical education class. Twice as many children, age ten years or younger, had great difficulty with motor problems. Ambidextrous activities were confined to those children seven years or younger.

Slide 22: On reviewing academic skills, significant differences were found for race; twice as many black children lost their place while reading silently. When the children were divided according to age, twice as many children ten years or younger had difficulty with spelling or letter reversals than was noted in those children eleven years or older.

On assessing the past medical history for each child, a number of factors emerged which are statistically significant when the families are divided according to race.

Slide 23: Seventy percent of white mothers and 30% of black mothers smoked during the pregnancy. Four times as many white mothers thought there was something wrong with their child at birth.

Slide 24: On reviewing body systems, when the children were divided according to race, the following factors emerged which are statistically significant: (1) Twice as many white children had mouth-breathing; (2) white children had four times more bronchitis and wheezing; and (3) white children had three times more skeletal trauma than black children. Mouth-breathing, bronchitis, coughing spells, and asthma become important when one considers that these are symptoms of allergy.

Slide 25: When emotional problems in the group were reviewed, a large number of children had emotional difficulties as viewed by parents. There were no statistical differences by race, age or sex.

Slide 26: The history of childhood illnesses was reviewed and no correlations could be found between race, sex or age.

Slide 27: On reviewing family history, significant racial differences could be elicited. Allergy, eye and ear disorders and cancer were twice as common in white families. TB was three times more common in white families. Nerve disease was four times more common in white families. Birth defects were five times more common in white families than in black families.

Slide 28: On investigating the incidence of hospitalization, white children were hospitalized significantly more often than black children. White children had more multiple hospitalizations than black children. The rate of admission to hospital in this group of children is six times the national rate.

Slide 29: On reviewing the physical examination characteristics of the children evaluated, white children had more abnormal heights and weights than black children; more males had abnormal vision than females.

Slide 30: Physical examination revealed a number of findings which were coincidental to the evaluation and had no impact on school performance. A large number of children had dental problems.

Slide 31: Laboratory screening for common problems indicated that a small proportion of children had abnormalities which would probably not have a significant impact upon their learning abilities in school.

Slide 32: On neurological examination, a significant relationship was found between distractibility and race and age. White children tended to be more distractible than black children and distractibility was significantly more common among children ten years or younger.

Slide 33: When spatial orientation was investigated, significantly more white children had difficulty with spatial orientation regarding the

examiner standing opposite the child; i.e., crossing the mid-line. When the children were divided according to age, the vast majority of children ten years or younger had difficulty with left-right confusion in all spheres -- for themselves, the examiner and their bodies in space.

Slide 34: Eye-hand coordination was another finding that was significantly correlated with children ten years or younger. Many of the children had difficulty with fine motor movements of their fingers.

Slide 35: Sensory deficits were found in the children evaluated. White children had twice as much difficulty distinguishing numbers written on their index finger. Children ten years or younger had difficulty distinguishing numbers written on their index fingers as well as naming the fingers touched with their eyes closed and naming two parts of the body touched simultaneously.

Slide 36: Motor system maturity and coordination was examined. Multiple significant relationships were found when children were divided according to race and age. Significantly more white children had motor immaturity and incoordination manifested by asymmetrical associated movements, motor distractibility, poor foot-tapping, and the inability to hop on one foot. Children ten years or younger had significant difficulties with asymmetrical and symmetrical associated movements, motor distractibility, foot-tapping, standing on one foot, tandem walking, dysdiadochokinesis, and choreiform movements.

Slide 37: On examining cranial nerve function, a significant number of children ten years or younger had difficulties with speech deviation. As a corollary, they had significant difficulty with coordination of cheek and tongue movements. White children had difficulty with cheek and tongue coordination although black children had significantly more difficulty with speech speed.

A General Learning Disabilities Index was developed whereby the number of abnormal neurologic tests was divided by 40, the total number of neurologic tests performed; this figure was multiplied by 100. White children had significantly more abnormal neurologic findings than black children.

Slide 39: When one divided the children into age groups, one finds that significant differences exist. This supports the concept of neurologic immaturity in children with learning disabilities. As a corollary, those with neurologic immaturity gradually lose their neurologic difficulties as they grow older since the mean General Learning Disabilities Index diminishes with age. It is interesting to note that approximately 55% of the children had General Learning Disability Index scores of 20% or less.

Slide 41: Upon completing the medical and neurologic evaluations, a decision was made regarding consultation for more detailed evaluation. A large number of children required psychiatric evaluation. Eye and ear disorders also required a large number of consultations. There were no race, age or sex differences in the distribution of consultations.

A battery of psychometric examinations was performed by the psychologists. Very few differences could be found between racial groups or age groups. The following are the significant relationships:

Slide 42: When children are divided according to race, black children had a significantly lower score in verbal ability. The intelligence scores in general were skewed towards the below average range.

Slide 43: On investigating auditory abilities, no significant correlation could be found between age, sex or race. The scores were skewed to the average to below average range.

Slide 44: The language scores revealed a significant correlation

between black children and a lower reading comprehension score.

Slide 45: For visual skills, no significant correlations could be found for sex, age or race. However, on inspecting visual motor abilities, a vast majority of children (89%) had scores "below average" or "poor". In contrast, the scores for visual discrimination, memory and integration appeared to have a normal distribution.

Slide 46: Children ten years or younger had a significantly lower ability in temporal-spatial relationships. However, overall, the spatial relationships were depressed with a skewing of the curve to the "below average" to "poor" range.

Slide 47: The child's perception of various aspects of his or her world was skewed to the "average" or "below average" range.

Slide 48: The types of educational prescriptions written for these children were enumerated. A vast majority of children (74%) were referred to programs which required 60% or more of their time in a special class for children with special needs. Only two children required a regular education program. Seven children evaluated required a much longer diagnostic program in order to determine their exact strengths and weaknesses.

A telephone evaluation was done to determine the effectiveness of the diagnostic program.

Slide 49: Questions were asked regarding the educational plan implementation, psychologist's report, degree of implementation of the educational plan, and the progress that the child made as a result of the educational plan's implementation. As one can see, in general, the parent's opinion (I must stress that this is an opinion survey) of the various aspects of the evaluation tended to be lower than the school diagnostic chairperson's opinion. However, in general, the results of the evaluation were good to excellent. Plan

implementation and the degree of plan implementation were areas of deficiency. In addition, the parents' view of the child's progress was less optimistic than the view of the diagnostic chairperson.

In summary, 201 children referred for school failure were evaluated by a learning disabilities diagnostic program. Four hundred and thirty-four educational, social, medical and psychometric variables were analyzed by race, age and sex.

Significant findings indicate that the white children were from families with a greater number of medical conditions. A significant number of white fathers had alcoholism and other medical problems. A greater number of white mothers smoked during their pregnancies. A significant number of hospitalizations occurred in white children. White children experienced a significant amount of allergic phenomena; i.e., asthma, bronchitis, hay fever, eczema, seasonal rhinitis, and mouth-breathing. White children were reported to have poorer coordination during physical education classes. White children tended to be more distractible. Neurologically, they exhibited greater motor immaturity and poorer coordination. White children had a higher degree of speech muscle incoordination. Overall, white children exhibited more neurologic difficulties than black children.

Black children, on the other hand, experienced more familial disruption and were reared by parents with less educational attainment. Black children exhibited significantly more behavior difficulties than white children. Auditory comprehension was significantly poorer; speech speed was slower. Black children had lower verbal ability and lower reading comprehension than white children.

When the findings were reviewed according to age, children ten years or younger had significantly less auditory, language and visual skills. There

were more difficulties with directionality. Younger children were more distractible. Poor eye-hand coordination was a hallmark of these younger children. Sensory deficits, speech deviations and spatial-temporal relationship disorders were significantly more common in the younger age group.

Several preliminary conclusions have been developed as a result of this investigation:

1. Racial differences exist and explain, for different reasons, black and white children's school failure.

   Black children experience more familial and parenting disturbances as well as have more personal behavior problems. Black children have lower verbal and reading comprehension.

   White children experience more familial and personal medical problems resulting in a higher rate of hospitalization. White children have a higher degree of neurological and maturational disability.

2. Younger children have a higher degree of neurological immaturity in all spheres of functioning; e.g., visual, auditory, sensory, spatial, motor, speech and attentional.

3. Familial and social discord probably have significant negative impact upon school children's performance.

4. The findings support the notion that maturational lag or neurologic immaturity significantly impairs some children's performance in school. Placing neurologically impaired or delayed children in competition with peers having age appropriate neurologic function inevitably results in school failure and subsequent emotional instability and behavior difficulties.

In conclusion, this study indicates that there are multiple factors involved with explaining why children fail in school. These factors are

related to age, race and sex. All factors must be illuminated for each child with special needs in order to carefully design an individual educational prescription to assure renewed school success.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

CODE

R	-	Race
B	-	Black
W	-	White
M	-	Male
F	-	Female
A	-	Age

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

REFERRAL SCHOOLS

School	Number	Percent	Cumulative Percent
Beethoven	23	11.5%	11.5%
Thomas J. Kenney	18	9.0%	20.5%
Phineas Bates	16	8.0%	28.5%
Richard Murphy	12	6.0%	34.5%
Joseph Lee	10	5.0%	39.5%
John Marshall	10	5.0%	44.5%
Solomon Lewenberg Middle School	9	4.5%	49.0%
Magnet Schools	9	4.5%	53.5%
Mozart	8	4.0%	57.5%
Patrick O'Hearn	8	4.0%	61.5%
Edmond P. Tileston	8	4.0%	65.5%
Hyde Park High School	5	2.5%	68.0%
William Bradford Annex	5	2.5%	70.5%
Other School Systems	4	2.0%	72.5%
Ellen H. Richards	4	2.0%	74.5%
Joyce Kilmer	4	2.0%	76.5%
James J. Chittick	4	2.0%	78.5%
Woodrow Wilson Middle School	4	2.0%	80.5%
R. G. Morris	3	1.5%	82.0%
Charles Sumner	3	1.5%	83.5%
Robert Gould Shaw	3	1.5%	85.0%
Frank V. Thompson Middle School	3	1.5%	86.5%
Unknown	2	1.0%	87.5%
Washington Irving Middle School	2	1.0%	88.5%
Roslindale High School	2	1.0%	89.5%
Grover Cleveland Middle School	2	1.0%	90.5%
Jeremiah Burke High School	2	1.0%	91.5%
Sarah Greenwood	2	1.0%	92.5%
William B. Rogers Middle School	2	1.0%	93.5%
Phillips Brooks	2	1.0%	94.5%
John P. Holland	2	1.0%	95.5%
Patrick F. Lyndon	1	.5%	96.0%
William L. Cannon	1	.5%	96.5%
William E. Channing	1	.5%	97.0%
Charles H. Taylor	1	.5%	97.5%
William E. Endicott	1	.5%	98.0%
Mather	1	.5%	98.5%
Emily A. Fifield	1	.5%	99.0%
Dorchester High	1	.5%	99.5%
Rochambeau	1	.5%	100.0%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

ZIP CODE

	Number	Percent	Cumulative Percent
Codman Square	103	51.2%	51.2%
Mattapan	26	12.9%	64.1%
Roslindale	21	10.4%	74.5%
West Roxbury	15	7.5%	82.0%
Fields Corner	13	6.4%	88.4%
Hyde Park	6	3.0%	91.4%
Uphams Corner	4	2.0%	93.4%
Roxbury	3	1.4%	94.8%
Grove Hall	3	1.4%	96.2%
Brockton	2	1.0%	97.2%
Medfield	1	0.5%	97.7%
Back Bay	1	0.5%	98.2%
South Boston	1	0.5%	98.7%
Jamaica Plain	1	0.5%	99.2%
North Quincy	1	0.5%	99.7%
	201		

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

SEX

	Number	Percent
Male	153	76%
Female	48	24%
Total	201	100%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

AGE DISTRIBUTION

Years	Number	Percent	Cumulative Percent
5	3	1.5%	1.5%
6	13	6.5%	8.0%
7	26	13.0%	21.0%
8	34	17.0%	38.0%
9	21	10.5%	48.5%
10	28	14.0%	62.5%
11	24	12.0%	74.5%
12	15	7.5%	82.0%
13	9	4.5%	86.5%
14	8	4.0%	90.5%
15	10	5.0%	95.5%
16	4	2.0%	97.5%
17	3	1.5%	99.0%
19	2	1.0%	100.0%
Total	200	100.0%	

N. B.
Race: P = .047
White students tended to be younger than black students.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

RACE

	Number	Percent	Racial Composition of Referral Schools	Percent
White	93	46%	12,685	43.2%
Black	102	51%	16,611	56.7%
Spanish	5	2%	--	
Other	1	0.5%	--	
Total	201		29,296	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

MEDICAL COVERAGE

	Number	Percent
Blue Cross	37	18.4%
Commercial	14	6.8%
Medicaid	120	59.7%
B.P.S. Contract	30	14.9%
	201	100.0%

N. B.
Race: $P < .001$
White students tended to have more private insurance whereas black students had Medicaid and Boston Public School coverage for evaluations.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

SOCIAL FACTORS

Residence with:	Number	Percent	R:P <.001
Natural parents	93	46%	W:B :: 2:1
Single parent	65	32%	W:B :: 1:2
Foster parent	7	3%	W:B :: 1:6
Adoptive home	6	3%	W:B :: 2:2
Grandparents	4	2%	W:B :: 1:3
Parent and step-parent	13	6%	W:B :: 1:1
Other	13	6%	W:B :: 1:5
	201	100%	

N. B.
Natural Parents: W:B :: 2:1
Single Parents: W:B :: 1:2

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

EDUCATIONAL STATUS OF FATHER

Grade	Number	Percent
0 - 8	4	5%
9 - 12	56	73%
College	16	21%
	76	100%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

EDUCATIONAL STATUS OF MOTHER

Grade	Number	Percent	R:P < .05
0 - 8	15	10%	
9 - 12	106	73%	
College	23	16%	
Post Graduate	1	1%	
	145	100%	

N. B.
A greater portion of black mothers did not complete high school and a greater proportion of white mothers completed high school or college.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

FATHER'S OCCUPATION

Category	Number	Percent
Unemployed	22	17%
Unskilled	2	2%
Blue collar	62	48%
White Collar	20	16%
Professional	13	10%
Other	9	7%
	128	100%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

FAMILY PROBLEMS

Problems	Families	Percent
Financial	30	15%
Housing	14	7%
Criminal	14	7%
Mental	10	5%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

FAMILY AGENCY INVOLVEMENT

Agency	Number	Percent
Social Service	53	26%
Other	28	14%
Mental Health	23	11%
Multiple Agencies	23	11%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

FATHER'S PROBLEMS

Characteristic	Number	Percent	Distribution	
Alcohol abuse	19	11%	28%	RW:P = .025
Drug abuse	1	1%	1%	
Neurotic disorder	3	2%	4%	
Psychotic disorder	5	3%	7%	
Legal	1	1%	1%	
Medical	23	14%	33%	
School	2	1%	1%	
Other	15	9%	13%	
	69		100%	

199 Fathers.
0.35 Problems/Father.

N. B.
Race Characteristic: Four times greater incidence of alcohol abuse among white fathers.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

MOTHER'S PROBLEMS

Characteristic	Number	Percent	Distribution	
Alcohol abuse	10	5%	12%	
Drug abuse	7	4%	8%	
Neurotic disorder	21	11%	24%	
Psychotic disorder	3	2%	3%	
Legal	3	2%	3%	
Medical	26	13%	15%	
School	6	3%	3%	RB:P = .049
Other	10	5%	6%	
	86		100%	

195 Mothers.
0.44 Problems/Mother.

N. B.
Race Characteristic: 6 black mothers had school problems.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

SIBLING PROBLEMS

	Number	Percent	Percent Distribution
School	52	26%	68%
Medical	11	6%	14%
Legal	6	3%	8%
Neurotic	4	2.0%	5%
Other	3	2%	4%
Drug Abuse	1	0.5%	1%
Alcohol Abuse	0	0%	0%
Psychotic	0	0%	0%
	77		100%

193 families with siblings.
.4 sib. problems/family.
26% of families had other children with school problems.

N. B.
Race Characteristic: All 11 siblings were white.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

MILIEU PROBLEMS AS VIEWED BY PARENT

	Number	Percent	Distribution
Scholastic	134	70%	53%
Teacher and Peer	65	34%	26%
Family	55	29%	22%
	254		100%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

GENERAL BEHAVIOR

Characteristic	Present	Percent	
Level of attention and concentration inappropriate for age and grade.	125	72%	BR:P = .043
Is distractible.	121	70%	Male:P = .025
Does not appear confident.	116	67%	
Does not voluntarily work up to potential.	90	51%	Male:P = .044
Is easily frustrated.	88	50%	
Cannot shift smoothly from one activity to another.	87	50%	
Daydreams excessively; does not participate.	75	43%	
Is disorganized.	74	43%	
Does not have realistic self-appraisal of himself/herself.	69	39%	
Is impulsive.	68	39%	
Is lethargic.	66	38%	
Over-reacts emotionally.	66	38%	
Is not willing to attempt new tasks.	65	37%	
Behavior is inconsistent from day to day.	64	37%	BR:P = .011
Cannot tolerate pressure to perform within prescribed time limitations.	63	36%	Age:P = .023
Is overactive - unable to restrain himself.	57	33%	BR:P = .045
Is extremely aggressive or disruptive in class.	55	31%	BR:P = .01

N.B.

1. In each of the categories with racial differences, twice as many blacks than whites had the characteristic.
2. In the Male:Female categories, males were five-fold greater in number.
3. In the age related category, younger children were unable to tolerate time pressure.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

SOCIAL RELATIONS

Characteristic	Present	Percent	
Has difficulty working in group situations.	85	49%	BR:P = .023 M:P = .049
Does not respond appropriately to social situations.	71	41%	
Avoids participation in competitive situations.	64	37%	
Does not have any friends.	37	21%	
Does not relate well to adults.	34	20%	
Is not liked and accepted by his peers.	31	18%	

N. B.

1. Twice as many blacks as whites had difficulty working in group situations.
2. Males more than females had some difficulty working in group situations.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

AUDITORY AND SPOKEN LANGUAGE SKILLS

Characteristic	Number	Percent	
Does not hear "fast".	95	55%	BR:P = .027
Speaks in incomplete sentences.	90	52%	A:P = .030
Has difficulty memorizing series of numbers, letters and words.	77	44%	A:P = .042
Fails to understand the meaning of what is heard.	76	44%	BR:P < .001
Cannot understand and carry out spoken directions.	75	44%	BR:P = .015
Speaks indistinctly, slurs, mumbles.	70	40%	
Does not learn by listening.	69	39%	
Has difficulty calling up specific words.	65	38%	M:P = .016 A:P = .002
Has difficulty blending sounds together.	63	36%	A:P = .022
Unable to memorize tunes, rhythms, poetry.	53	31%	A:P = .025
Lacks ability to screen out unimportant sounds.	49	28%	A:P = .05
Changes tenses incorrectly in spontaneous conversation.	46	27%	A:P = .03
Unable to differentiate between two similar sounds (environmental and phonemes).	35	20%	
Does not respond to teacher's voice or other sounds outside his range of vision.	25	14%	

N.B.

1. Racial categories: Twice as many blacks as whites had characteristics.
2. Sex characteristics: Twice as many males as females had characteristics.
3. Age characteristics: Twice as many 10 years or less had the characteristics.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

VISUAL SKILLS

Characteristic	Number	Percent	
Does not learn by reading.	72	42%	
Has difficulty copying from blackboard.	69	40%	
Has trouble copying from written or printed material at his desk.	62	36%	A:P =
Confuses words, numbers and letters that have similar configurations.	62	36%	A:P =
Has trouble remembering the sequence of letters in non-phonetic words.	58	34%	A:P =
Shows spacing problems in both written and numerical work.	58	34%	
Reverses words, numbers, letters, forms.	55	32%	A:P =
Fails to recognize different forms of the same letter or word.	42	25%	A:P =
Has difficulty in focusing; eyes wander; are jerky.	35	20%	
Cannot complete puzzles and pictures.	26	15%	

N. B.

Age characteristics: At least 70% of children ten years or less had characteristics.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

MOTOR ABILITIES

Characteristic	Number	Percent	
Moves slowly.	48	25%	A:P = .009
Marked difficulty cutting, pasting and drawing.	39	23%	A:P < .001
Is clumsy and awkward.	37	22%	
Drops things frequently.	34	19%	
Performance in physical education below average for his age.	33	19%	RW:P = .013 A:P = .045
Has difficulty with eye-hand coordination.	32	19%	
Does not have a good sense of rhythm.	29	17%	A:P = .002
Shows difficulty in left-right coordination.	28	16%	A:P = .009
Has trouble imitating movements (in Simon Says or Follow the Leader).	25	15%	A:P = .003
Shows poor judgment of distance and size of objects in space.	19	11%	A:P = .019
Has marked difficulty manipulating small objects.	19	11%	A:P = .002
Is unaware of the parts of his body and their relative positions.	10	6%	A:P = .003
Uses both right and left hand in writing, throwing, catching.	2	1%	

N.B.

1. Race characteristics: Twice as many white as blacks had poor physical education performance.
2. Age characteristics: Twice as many children age 10 years or younger had characteristic. Ambidextrous activities were confined to those 7 years or younger.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

ACADEMIC SKILLS

Characteristics	Number	Percent	
Has marked difficulty with spelling.	92	56%	A:P = .011
Loses place easily while reading orally.	81	49%	
Fails to associate sounds with their symbols.	74	45%	
Fails to associate symbols with their sounds.	73	44%	
Does not grasp concepts of computation.	72	43%	
Loses place easily while reading silently.	71	43%	BR:P = .038
Does not grasp concepts of directionality.	57	35%	
Does not grasp concepts of spatial relationships.	53	32%	
Does not grasp concepts of time.	51	31%	
Writes laboriously with cramped fingers and uneven pressure.	49	30%	
Shifts from lower to upper case frequently.	43	26%	
Letter or word reversals.	43	26%	A:P = .003

N. B.
1. Race characteristics: Twice as many blacks had characteristic.
2. Age characteristics: Twice as many children age 10 or younger had characteristic.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PERINATAL PROBLEMS

	Number	Percent	
Pregnancy			
Prenatal care.	145	84%	
Took medications.	72	41%	
Smoked often.	57	34%	RW:P < .001
Hypertension.	21	13%	
Diabetes.	9	5%	
Urinary tract infections.	8	5%	
Abnormal urinalysis.	6	3%	
Drug and alcohol dependence.	3	2%	
German measles.	2	1%	
Delivery			
Premature.	19	11%	
Difficult delivery.	19	11%	
Anything wrong with child at birth.	18	10%	RW:P = .017
Breech birth.	12	7%	
Caesarian.	9	5%	
Low birth weight.	9	5%	
Multiple birth.	5	3%	
RH problem.	2	1%	

N.B.

Race: 1. 70% of white mothers and 30% of black mothers smoked during the pregnancy.

2. 4 Times as many white mothers as black mothers thought there was something wrong with the child at birth.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

REVIEW OF SYSTEMS

Diseases	Number	Percent	
Rashes	42	22%	
Nasal congestion	37	19%	
Night time wetting	34	18%	
Mouth breathing	32	17%	RW:P = .026
Spring-fall rhinitis	28	15%	
Skeletal trauma	27	14%	RW:P = .019
Speech impediment	26	14%	
Hearing difficulties	25	13%	
Vision trouble	23	12%	
Abdominal pain	23	12%	
Frequent urination	22	12%	
Headaches	22	12%	
Listless, tired	21	11%	
Serious accidents	21	11%	
Frequent nightmares	20	11%	
Multiple ear infections	20	11%	
Persistent nosebleeds	20	11%	
Periods of disorientation	20	11%	
Frequent scratching	19	10%	
Coughing spells	19	10%	RW:P = .017
Frequent eye irritation	18	9%	
Wheezing	17	9%	RW:P = .002
Excessive thirst	16	9%	
Raw throat	13	7%	
Burping or gas	12	6%	
Daytime wetting	10	5%	
Pica	9	5%	
Easy bruising	8	4%	
Eyes crossing	8	4%	
Special diet	7	4%	
Vomiting	7	4%	
Discharge - penis or vagina	6	3%	
Accidental poisoning	5	3%	
Diarrhea	4	2%	
Constipation	4	2%	
Weight loss	3	2%	
Bleeds easily	2	1%	

N.B.

Race: Whites had twice as much mouth-breathing as blacks.
Whites had 4-8 times more bronchitis and wheezing than blacks.
Whites had 3 times more skeletal trauma than blacks.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

HISTORY OF EMOTIONAL PROBLEMS

	Number	Percent	Problem Distribution
Easily upset	73	39%	17%
High strung, nervous	57	30%	14%
Fights a lot	51	27%	12%
Night time wetting	34	18%	8%
Breaks things	32	17%	8%
Habitual lying	31	17%	7%
Shyness	30	16%	7%
Overly clinging	29	16%	7%
Unreasonably jealous	27	14%	6%
Frequent nightmares	20	10%	5%
Stealing	19	10%	6%
Daytime wetting	10	5%	2%
Difficult toilet training	8	4%	2%
	421		100%

Total Children = 188
2.24 Problems/Child

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

CHILDHOOD ILLNESSES

Disease	Number	Percent
Chicken pox	81	44%
Measles	59	33%
Mumps	43	23%
Rubella	28	16%
Pneumonia	21	11%
Eczema	19	10%
Asthma	19	10%
Bronchitis	19	10%
Febrile convulsions	18	10%
Whooping cough	7	4%
Anemia	3	2%
Rheumatic fever	2	1%
Hepatitis	1	1%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

FAMILY HISTORY

Complaint	Number	Percent	
Heart disease	68	38%	
Allergy	64	36%	RW:P = .011
Cancer	59	33%	RW:P = .004
Glandular Disease	52	29%	
Lung Disease	49	28%	
Eye or Ear Disorder	45	25%	RW:P = .002
Kidney or urinary disease	23	13%	
Blood disease	22	12%	
Tuberculosis	21	12%	RW:P = .031
Birth defects	20	11%	RW:P = .002
Mental Retardation	20	11%	
Psychiatric condition	20	11%	
Bone or joint disease	19	11%	
Rheumatic fever	17	10%	
Nerve disease	16	9%	RW:P = .018
V. D.	5	3%	
Muscle disease	4	2%	

N.B.
Race Characteristics:
1. Allergy, eye, ear disorders and cancer were twice as common in white feamilies.
2. TB was 3 times as common in white families.
3. Nerve disease was 4 times as common in white families.
4. Birth defects was 5 times as common in white families.

CARNEY HOSPITAL - CURRY COLLEGE

766 CORE EVALUATION TEAM

CHILDHOOD HOSPITALIZATIONS

	Number	Percent	
Not hospitalized	112	57%	
Hospitalized	83	43%	RW:P = .003
Total	195	100%	
Frequency of hospitalizations RW:P = .015			
1	53	63%	
2	24	29%	
3	4	5%	
4	2	2%	
Total	83	100%	

N.B.
1. White children were hospitalized more often than black children.
2. White children had more multiple hospitalizations than black children.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PHYSICAL EXAMINATION

Characteristic	Number Abnormal	Percent	
Height	11	6%	WR:P = .009
Weight	13	7%	WR:P = .025
Head Circumference	9	5%	
Blood Pressure	2	1%	
Vision	56	28%	SM:P = .007
Hearing	23	12%	

N. B.

1. Whites have more abnormal heights and weights than blacks.
2. More males have abnormal vision than females.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

ABNORMAL FINDINGS
Physical Examination

	Number	Percent
Teeth	58	28%
Eyes	27	13%
Skin	27	13%
Ears	22	10%
Cardiovascular	20	10%
Head	10	5%
Nose	10	5%
Abdomen	9	5%
Mouth	8	4%
Musculo-skeletal	8	4%
Chest	7	4%
Genitourinary	5	2%
Throat	2	1%
Neck	2	1%
Thyroid	2	1%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

LABORATORY SCREENING

	Number	Percent
Anemia	7/180	4%
Urine Pathology	2/182	1%
Urinary Tract Infection	3/65	5%
Sickle Cell Prep	6/86	7%
G6PD	5/89	6%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Distractibility			
Lateral gaze, distraction	72	36%	RW:P = .019 (1.2X) A:P < .001 (79%)
Lateral gaze, hold 20 sec.	51	25%	RW:P = .01 (2X) A:P < .001 (85%)

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Spatial Orientation			
Left-right confusion - examiner	126	63%	RW:P = .014 (3X) A:P = .002 (94%)
Left-right confusion - self	83	42%	A:P < .001 (84%)
Left-right confusion - spatial	79	40%	A:P < .001 (84%)
Mixed laterality	51	26%	
Letter reversals	43	22%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Eye Hand Coordination			
Spelling Errors	103	52%	
Fine motor movements - fingers	94	47%	A:P < .001 (77%)
Copy finger movements	46	23%	A:P < .001 (86%)
Dysgraphia	43	22%	A:P = .009 (82%)
Paper and clip	27	14%	A:P = .007 (85%)
Finger pursuit	9	5%	
Finger nose	7	4%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Sensory System			
Dysgraphesthesia - index finger	93	47%	RW:P = .009 (2X) A:P < .001 (87%)
Dysgraphesthesia - palm	72	36%	
Finger Agnosia	22	11%	A:P = .005 (82%)
Two point extinction	16	8%	A:P = .024 (81%)
Plantar Sensitivity	7	4%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Motor System Maturity and Coordination			
Asymmetrical Associated Movements	94	47%	RW:P = .029 (1.2X) A:P < .001 (78%)
Rhomberg, Head turn, arm drop	62	31%	RW:P = .047 (1.4X) A:P < .001 (90%)
Symmetrical associated movements	49	25%	A:P < .001 (88%)
Dysdiadochokinesis - hands	45	23%	
Stands - one foot	34	17%	A:P < .001 (94%) RW:P = .002 (4X)
Foot tapping	26	13%	A:P = .035 (77%)
Tandem walk	21	11%	A:P = .014 (91%)
Dysdiadochokinesis - fingers	20	10%	A:P = .03 (90%)
Rhomberg, arms drop	19	10%	A:P < .001 (90%) RW:P = .014 (3X)
Hops - one foot	17	9%	A:P = .002 (93%)
Choreiform movements	16	8%	A:P = .025 (87%)
Abnormal DTR	8	4%	
Positive Babinski	5	3%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

NEUROLOGIC EXAMINATION

	Number Abnormal	Percent	
Cranial Nerve Function			
Speech Deviation	35	18%	A:P < .001 (75%)
Raise Eyebrows	34	17%	A:P = .037 (80%)
Ocular Pursuit Movements	29	15%	
Cheek Puffing	29	15%	RW:P = .004 (3X) A:P = .003 (82%)
Unable to Converge Eyes	16	8%	
Speech Speed	15	8%	RB:P = .007 (6X) RW:P = .003 (13X)
Tongue Movements	13	7%	A:P < .001 (92%)
Grimace	5	3%	
Transient Strabismus	3	2%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

GENERAL LEARNING DISABILITY INDEX

Percent	Number	% Distribution	Cumulative %	WR:P = .002
0 - 10	69	34%	34%	
11 - 20	43	21%	55%	
21 - 30	51	25%	80%	
31 - 40	17	8%	88%	
41 - 50	18	9%	97%	
51 - 70	3	1%	98%	
	201	100%		

N. B.
Race characteristics:
1. White children had a significantly higher score for neurologic disability.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

GENERAL LEARNING DISABILITIES INDEX

AGE GROUPS

Age Group	N	Mean	S. D.	5 - 7 Yrs.	8 - 10 Years
5 - 7 years	43	34.2	15.4		
8 - 10 years	83	23.2	13.5	P < .001	
11 - 13 years	49	11.9	7.5	P < .001	P < .001
14 + Years	27	8.3	10.3	P < .001	P < .001
Total	202	20.8	15.2		

N. B.
Among groups: P .001.

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

10 YEAR LEARNING DISABILITY INDEX

Percent	Number	% Distribution	Cumulative %
0 - 12	23	27%	27%
11 - 20	24	29%	56%
21 - 30	16	19%	75%
31 - 40	11	13%	88%
41 - 50	5	6%	94%
51 - 60	3	4%	98%
61 - 70	2	2%	100%
	84	100%	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

CONSULTATIONS

	Number	Percent
Psychiatry	66	34%
Eye	60	31%
ENT	21	11%
Dental	20	10%
Speech, Hearing and Language	10	5%
Other	8	4%
Orthopedics	5	3%
Neurology	2	1%
Dermatology	1	1%
Physical Therapy	1	1%
	194	100%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

	Superior	Above Average	Average	Below Average	Poor	Total	
Intelligence							
Verbal	3 (2%)	11 (6%)	67 (35%)	89 (46%)	24 (12%)	194	RB:P $<.001$
Performance	4 (2%)	19 (10%)	83 (43%)	71 (37%)	17 (4%)	194	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

	Superior	Above Average	Average	Below Average	Poor	Total
Auditory						
Discrimination	1 (1%)	6 (3%)	56 (29%)	104 (55%)	23 (12%)	190
Memory		12 (6%)	36 (19%)	113 (59%)	31 (16%)	192
Integration		13 (7%)	64 (33%)	96 (50%)	19 (10%)	192

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

	Superior	Above Average	Average	Below Average	Poor	Total	
Language							
Listening	0	10 (5%)	70 (36%)	101 (52)	12 (6%)	193	
Speaking	0	8 (4%)	52 (27%)	144 (59%)	20 (10%)	194	
Writing	0	1 (1%)	15 (9%)	128 (75%)	27 (16%)	171	
Reading-Decoding	1	7 (4%)	21 (13%)	104 (66%)	25 (16%)	158	
Reading Comprehension	0	3 (2%)	43 (29%)	88 (59%)	15 (10%)	149	RB:P= .04

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

	Superior	Above Average	Average	Below Average	Poor	Total
Visual						
Discrimination	4 (2%)	44 (23%)	85 (44%)	53 (27%)	7 (4%)	193
Memory	2 (1%)	40 (21%)	79 (42%)	60 (31%)	7 (4%)	188
Integration	3 (1%)	32 (17%)	79 (42%)	68 (36%)	5 (3%)	187
Motor	0 (0%)	7 (4%)	15 (8%)	133 (70%)	36 (19%)	191

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

	Superior	Above Average	Average	Below Average	Poor	Total	
Spatial							
Temporal	0	4 (2%)	40 (22%)	115 (64%)	21 (12%)	180	A:P < .001
Numerical	0	3 (1%)	55 (29%)	109 (58%)	20 (10%)	187	
Numerical Computing	0	4 (2%)	34 (18%)	120 (20%)	24 (13%)	182	
Body Awareness	0	4 (2%)	32 (17%)	134 (71%)	17 (9%)	187	
Object Orientation	2	7 (4%)	44 (25%)	107 (61%)	15 (9%)	175	

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PSYCHOMETRIC EXAMINATIONS

Number and Percent

Perceptual	Superior	Above Average	Average	Below Average	Poor	Total
Self-image	0	3 (2%)	56 (39%)	76 (54%)	7 (5%)	142
School	0	2 (1%)	45 (31%)	74 (52%)	7 (5%)	128
Peers	0	1 (1%)	38 (45%)	40 (47%)	5 (6%)	84
Home	0	6 (8%)	51 (68%)	21 (26%)	2 (2%)	80
World	0	3 (5%)	30 (48%)	27 (43%)	3 (5%)	63

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

PROGRAM PROTOTYPE

	Number	Percent
Regular education program with modifications.	2	1%
Regular education program with no more than 25% time out.	21	10%
Regular education program with no more than 60% time out.	61	30%
Substantially separate program.	89	44%
Day school program.	10	5%
Residential school program.	3	1%
Home or hospital program.	2	1%
Parent - child instruction.	--	0%
Diagnostic program.	7	3%
General provisions applicable to more than one prototype.	5	2%
Programs for school age children with special needs who are of ages sixteen through twenty-one.	--	0%

CARNEY HOSPITAL-CURRY COLLEGE

766 CORE EVALUATION TEAM

EVALUATION PROGRAM

	Excellent	Good	Fair	Poor	Total
Educational Plan					
Core Chairperson	121 (77%)	30 (19%)	3 (2%)	3 (2%)	157 (100%)
Parent	53 (56%)	30 (32%)	2 (2%)	9 (9%)	94 (100%)
Plan Implementation					
Core Chairperson	99 (67%)	28 (19%)	5 (3%)	15 (10%)	147 (100%)
Parent	49 (55%)	19 (21%)	5 (6%)	16 (17%)	89 (100%)
Psychologist's Report					
Core Chairperson	120 (77%)	32 (21%)	3 (2%)	1 (1%)	156 (100%)
Parent	44 (55%)	28 (35%)	3 (4%)	4 (5%)	79 (100%)
Degree of Implementation					
Core Chairperson	121 (80%)	12 (8%)	4 (3%)	15 (10%)	152 (100%)
Parent	61 (71%)	6 (7%)	1 (1%)	18 (20%)	86 (100%)
Progress					
Core Chairperson	77 (67%)	23 (20%)	10 (9%)	5 (4%)	115 (100%)
Parent	30 (44%)	19 (20%)	10 (14%)	9 (13%)	68 (100%)